



# Facility Inspection Checklist

**Client:**

**Date:**

**Location Address:**

A vital part of loss control is the recognition and removal or correction of unsafe activities or conditions before a loss occurs. This checklist provides you with a tool to identify some area that might need attention. A "NO" response to any question indicates corrective action may be necessary. This survey form should be completed at least monthly, and reviewed by the various levels of management to assure the unsafe acts/conditions are corrected and follow-ups are scheduled to see if the correction(s) accomplishes its purpose. Additional measures may be required beyond those identified by this checklist.

**Job Site Information:**

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1) Required postings available to employees?.....           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Weekly safety meeting documentation on file? .....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Employee training documentation current?.....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) First-aid supplies adequate?.....                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) OSHA 300 current, injury reports on file?.....           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Basic safety training completed for all employees? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Business plan on file?.....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Housekeeping & Sanitation:**

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1) Work area generally neat and tidy?.....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Disposal/pick-up of trash and waste?.....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Walkways and vehicle access clear of obstructions? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Lighting adequate for conditions (night work)?.....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Nails removed or bent over on lumber and formwork?.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Oil and grease on walking/working surfaces?.....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Waste containers/designated waste areas provided?.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Toilet facilities adequate and clean?.....               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Drinking water and single use cups available?.....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Lighting/Highlighting**

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1) Exit signs illuminated?.....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Covers on light fixtures? .....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) All bulbs in illuminated in fixtures?.....           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) All fixtures securely attached to wall/ceiling?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Edges of stairs highlighted?.....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Elevation changes well lit or highlighted? .....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Fire Prevention:**

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1) Fire contingency plans reviewed with employees?.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Fire extinguishers adequate, inspection current? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Hydrant locations identified and clear?.....           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



- 4) "No Smoking" signs posted where applicable?.....
- 5) Flammable liquids stored in approved containers?.....

**Electrical Equipment:**

- 1) Wire sizes and overcurrent protection adequate?.....  **Yes**  **No**  **N/A**
- 2) Electrical cord in good condition? .....
- 3) Ground Fault Circuit Interruption provided for all circuits?.....
- 4) Electrical hazards posted?.....
- 5) Terminal boxes and breaker boxes properly covered?.....
- 6) Cords and Equipment arranged to prevent damage? .....

**Hand Tools:**

- 1) Proper tools provided/used for job tasks?.....  **Yes**  **No**  **N/A**
- 2) Weatherproof, secure storage provided? .....
- 3) Tools inventoried at end of shift?.....
- 4) Tool needs pre-planned?.....
- 5) Damaged tools removed from service/repared/replaced?.....
- 6) Personal tools and equipment inspected? .....

**Power Tools:**

- 1) Tools inspected at beginning of shift?.....  **Yes**  **No**  **N/A**
- 2) Cords in good condition? .....
- 3) Proper grounding provided?.....
- 4) GFCI's installed and tested?.....
- 5) Guards function properly?.....
- 6) Weatherproof, secure storage provided? .....
- 7) Tools inventoried at the end of a shift?.....

**Powder Actuated Tools:**

- 1) Operators trained and licensed?.....  **Yes**  **No**  **N/A**
- 2) Tools and charges protected from unauthorized use? .....
- 3) Instruction manual with tools?.....
- 4) Tool inspected at the beginning of shift?.....
- 5) Correct charge selected for material and thickness?.....
- 6) Safety glasses worn during use? .....

**Ladders:**

- 1) Inspected before each use?.....  **Yes**  **No**  **N/A**
- 2) Damaged ladders removed from service? .....
- 3) Proper set-up/use, protected from slipping/tripping?.....
- 4) Job-built ladders constructed to OSHA specs?.....
- 5) Side rails extend 36' above landings?.....
- 6) Rings or cleats not over 12' on center? .....



- 7) Non-conductive ladders used near electrical hazards?.....
- 8) Step ladders correctly used?.....
- 9) Straight ladders set up to 4:1 slope.....
- 10) Firm level footing provided with clear access.....

**Scaffolding:**

- |   | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               |
|---|--------------------------|--------------------------|--------------------------|
| 1) Erection supervised by competent person?.....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) All structural members have a safety factor of 5:1? .....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) All connections secured with mfr. Approved method?.....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Scaffold secured to structure as required?.....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Walking/Working surfaces fully planked?.....                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Walking working surfaces free of trip/fall hazards? .....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Sill blocks provided under base plates and screw jacks?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Guard rails properly installed?.....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Wall ties in good condition?.....                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Motor Vehicles:**

- |  | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|
| 1) Inspection and maintenance documentation current?.....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Operators licensed? .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Vehicles in good mechanical condition?.....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Glass and mirrors clean and free of breaks?.....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Back-up devices operational?.....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Fire extinguishers installed with current inspection tag? .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) At least two means of breaking provided for parked vehicles?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Seat belts provided for all passengers?.....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Personal Protective Equipment:**

- |  | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|
| 1) Eye and face protection?.....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Hard-hats?.....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Hearing protection?.....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Gloves?.....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Orange vests and clothing?.....           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Reflective clothing for night work? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Proper attire?.....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Respirators (where necessary)?.....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Compressed Air Equipment:**

- |   | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               |
|---|--------------------------|--------------------------|--------------------------|
| 1) Air tanks certified and permits posted?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Maintenance records current?.....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Air hoses and fittings?.....                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Whip-restraints and safety clips?.....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Air pressure gauges?.....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

